

<b>Case Number:</b>	CM14-0173347		
<b>Date Assigned:</b>	10/24/2014	<b>Date of Injury:</b>	03/31/2011
<b>Decision Date:</b>	12/03/2014	<b>UR Denial Date:</b>	10/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/20/2014

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation; has a subspecialty in Interventional spine and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The patient is a 40 year old male with an injury date on 03/31/2011. Based on the 10/06/2014 progress report provided by [REDACTED], the diagnoses are: 1. Displaced cervical intervertebral disc. 2. Brachial neuritis/radiculitis other. 3. Unilateral disorder of tendons of the shoulder. According to this report, the patient complains of "neck and right shoulder girdle/arm pain: Constantly present, describes an aching burning. Aggravated with movement in any plane or with any resistance." Patient "found massage therapy which he obtained on his own has resulted in reduced use of his Norco, now down to 2 a day." Physical exam reveals limited cervical range of motion, positive Spurling's. Tenderness is noted at the right cervical paraspinals and upper back. The 08/26/2014 report indicates patient's pain range from a 4-8/10. Patient "finished psychotherapy and cognitive behavioral training." There were no other significant findings noted on this report. The utilization review denied the request on 10/10/2014. [REDACTED] is the requesting provider, and he provided treatment reports from 04/03/2014 to 10/06/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

**6 sessions of massage therapy:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Massage/Myotherapy.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Massage therapy Page(s): 60.

**Decision rationale:** According to the 10/06/2014 report by [REDACTED] this patient presents with constant neck and right shoulder girdle/arm pain. The treater is requesting 6 sessions of massage therapy. For massage therapy, the MTUS guideline page 60, "recommended as an option as indicated below. This treatment should be an adjunct to other recommended treatment (e.g. exercise), and it should be limited to 4-6 visits in most cases." In this case, review of the medical file does not show any sessions of massage therapy or any discussions thereof. It is possible the patient has had massage therapy in the past with the documentation not provided. However, given that the review of the current reports make no reference to a recent course therapy, a short course may be reasonable therefore the request of the requested 6 sessions is medically necessary.